

Interventions in Nonviolent Communication to Promote Empathy: Integrative Review

Intervenções em Comunicação Não Violenta para a Promoção de Empatia: Revisão Integrativa

Intervenciones en Comunicación No Violenta para la Promoción de la Empatía: Revisión Integrativa

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ABSTRACT

Objective: To investigate the practices and effects of applying the Nonviolent Communication (NVC) methodology to promote the skill of empathy. **Method:** An integrative literature review was conducted using the PubMed, PsycInfo, LILACS, Google Scholar, and SciELO databases from July to September 2023. Empirical quantitative and qualitative studies on the application of Nonviolent Communication in adult populations were sought, available in full text, in English, Portuguese, or Spanish, and published in the last 10 years in peer-reviewed journals. **Results:** Fifteen studies were selected, involving different designs such as mixed methods (n=5, 33.3%); quasi-experiments with pre- and post-intervention evaluations (n=5, 33.3%); mixed methods without randomization (n=1, 6.6%); qualitative studies (n=3, 20%); and quantitative studies (n=2, 13.3%). Educational strategies used in the interventions included role-playing, empathic listening practices, lectures, discussions, and dialogue circles. The main outcomes observed in the selected interventions were increased self-esteem, self-compassion, emotional awareness, increased empathy and socio-emotional skills; collaborative leadership, improved communication; and reduced anxiety, irritability, anger, and stress. **Conclusion:** Interventions based on Nonviolent Communication have proven effective in promoting empathy skills. Although methodological flaws were identified in the evaluated interventions, positive health effects were clearly observed.

Descriptors: Nonviolent Communication; Intervention; Program; Training; Empathy.

RESUMO

Objetivo: Investigar as práticas e efeitos de se aplicar a metodologia da Comunicação Não Violenta para a promoção da habilidade de empatia. **Método:** Revisão integrativa da literatura realizada nas bases PubMed, PsycInfo, LILACS, Google Scholar e SciELO de julho a setembro de 2023. Buscaram-se estudos empíricos quantitativos e qualitativos de aplicação da Comunicação Não Violenta em população adulta, disponíveis na íntegra, em inglês, português ou espanhol, publicados nos últimos 10 anos em revistas revisadas por pares. **Resultados:** 15 estudos foram selecionados envolvendo diferentes delineamentos como métodos mistos (n=5, 33.3%); quase experimentos contendo avaliação pré-pós intervenções (n=5, 33.3%); métodos mistos sem randomização (n=1, 6.6%); qualitativos (n=3, 20%) e quantitativos (n=2, 13.3%). As estratégias educativas utilizadas na aplicação foram dramatização ou role play, práticas de escuta empática, palestras, discussões e rodas de conversa. Os principais resultados obtidos nas intervenções selecionadas foram aumento em autoestima, autocompaição, compreensão das emoções, aumento de empatia e de habilidades socioemocionais, liderança colaborativa, melhora na comunicação e diminuição de ansiedade, de irritação, de raiva e de estresse. **Conclusão:** A aplicação de intervenções com base na Comunicação Não Violenta se mostra eficaz para a promoção da habilidade de empatia. Ainda que tenham sido identificadas falhas metodológicas nas intervenções avaliadas, é notável que foram produzidos efeitos positivos em saúde.

Descritores: Comunicação Não Violenta; Intervenção; Programa; Treinamento; Empatia.



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RESUMEN

Objetivo: Investigar las prácticas y los efectos de la aplicación de la metodología de la Comunicación No Violenta para la promoción de la habilidad de empatía. **Método:** Revisión integrativa de la literatura realizada en las bases de datos PubMed, PsycInfo, LILACS, Google Scholar y Scielo, entre julio y septiembre de 2023. Se buscaron estudios empíricos, tanto cuantitativos como cualitativos, que abordaran la aplicación de la Comunicación No Violenta en población adulta, disponibles en texto completo, en inglés, portugués o español, publicados en los últimos 10 años en revistas revisadas por pares. **Resultados:** Se seleccionaron 15 estudios con diferentes diseños metodológicos, incluyendo métodos mixtos ($n=5$, 33.3%); estudios cuasi-experimentales con evaluación pre y post intervención ($n=5$, 33.3%); métodos mixtos sin aleatorización ($n=1$, 6.6%); cualitativos ($n=3$, 20%) y cuantitativos ($n=2$, 13.3%). Las estrategias educativas utilizadas incluyeron dramatizaciones o juegos de roles, prácticas de escucha empática, conferencias, debates y círculos de diálogo. Los principales resultados observados en las intervenciones seleccionadas fueron aumento de la autoestima, autocompasión, comprensión emocional, incremento de la empatía y de habilidades socioemocionales, liderazgo colaborativo, mejora en la comunicación y disminución de la ansiedad, irritabilidad, ira y estrés. **Conclusión:** La implementación de intervenciones basadas en la Comunicación No Violenta demuestra ser eficaz para promover la capacidad empática. Aunque se identificaron limitaciones metodológicas en los estudios analizados, se observaron efectos positivos relevantes en salud.

Descriptores: Comunicación No Violenta; Intervención; Programa; Entrenamiento; Empatía.

INTRODUCTION

Scientifically, empathy is a polysemic concept that still lacks a clear consensus in the academic field ⁽¹⁾. Various studies point to different understandings of its meaning. However, several core elements of the concept are shared among authors, allowing it to be defined as the attempt to understand, feel, and share what another person is experiencing, while still maintaining a sense of differentiation and separation of the self-concerning others ⁽²⁾, without losing the “as if” condition. Different scholars also converge on the idea that empathy involves understanding another person’s experience, concerns, and perspective, as a form of awareness of their internal frame of reference, along with the ability to communicate this understanding and observe their response to it ⁽¹⁾.

From this perspective, empathy has been approached as a skill that can be taught, trained, developed, and improved ^(3,4), showing positive effects in improving the quality of interpersonal relationships, greater understanding of the dynamics of social interactions, mutual sensitization, recognition of the other in their uniqueness and complexity, resilience in the face of suffering, better perception of needs, reduction in anxiety and psychological stress ⁽¹⁾, increased social responsibility ⁽¹⁾, and foster respect, ethics, cooperation, care, and compassion for others. It also contributes to the development of self-knowledge through critical, reflective, and humanized thinking ⁽⁵⁾.

To this end, studies explore the scientific literature on interventions to promote this multifaceted skill since it is presented as a fundamental variable for health promotion. However, worldwide, there are still divergences regarding the operational definition, best practices used, as well as methodological heterogeneity and results obtained in interventions for the development of empathy ^(3,4).

Derived from Humanistic Psychology and systematized by Marshall Rosenberg ^(6,7), Nonviolent Communication (NVC) is a branch of studies that emphasizes the concept and promotion of empathy based on the recognition and appreciation of needs as the basis for emotional integration, heart connection in relationships and conflict resolution through the use of words, aiming at a mutual awareness of equity. The NVC process provides a basic framework that supports the development of honest and respectful expression of one’s feelings and what is alive within oneself, avoiding criticism and any analysis of other people that implies that there is something wrong with them. In doing so, it shows how to use expression in a way that increases the likelihood that others will voluntarily contribute to the well-being of the one expressing themselves, while at the same time showing how to receive other people’s messages, regardless of how they are expressing themselves ^(6,7).

Needs, from this perspective, are defined as the resources that life requires to sustain itself. Physical well-being, for example, depends on the basic needs, such as air, water, rest, food, among others, being met. Psychological and spiritual well-being are enhanced when the needs for understanding, support, honesty, and meaning are met. From this definition, regardless of gender, level of education, religious beliefs, or nationality, all human beings have the same needs. The strategy used to meet the needs, then, is what differs from person to person ⁽⁶⁾.

Marshall Rosenberg^(6,7) realized that many people have difficulty expressing their needs because they are part of a culture of violence, which seeks to resolve conflicts and express their unmet needs through criticism, insults, and exposing what is wrong with other people, without a real connection to their own needs. In this way, it is believed that any message is the expression of a need, whether it is met or not. The premise of NVC is that it is possible to promote empathy through its methodology, aiming to perceive the possible needs that are at the root of any message, thus building understanding and connection between people.

The intended relevance of this study is to update and document what has been produced worldwide in terms of research on the development of empathy skills, based on the empirical application of methodologies supported by Marshall Rosenberg's Nonviolent Communication principles. Violence is a central public health problem that causes physical harm and psychological and behavioral difficulties. To deal with this, several studies suggest a major potential role for empathy⁽⁸⁾. Thus, this article promotes awareness on the topic, besides producing literature on the current state of the art in terms of research issues. Thus, the present study aims to investigate the practices and effects of applying the Nonviolent Communication methodology to promote the ability of empathy. By using NVC, health is promoted by improving the living conditions and well-being of individuals and communities. This is because it facilitates the construction of more respectful and compassionate relationships, reducing and addressing conflicts, and thus strengthening social bonds. In the context of healthcare, NVC can be applied to improve communication between professionals and patients, as well as within work teams, creating a more collaborative and humanized environment. These practices not only improve care but also contribute to the prevention of stress-related illnesses, in addition to strengthening the emotional resilience of everyone involved.

This study, therefore, aims to investigate the practices and effects of applying the NVC methodology to promote empathy skills, highlighting its impact as a health promotion strategy and contributing to advances in the scientific literature on the subject.

METHOD

This is an integrative literature review developed based on the guiding question: What has been produced, in terms of empirical research, regarding the promotion of empathy skills using the principles of Nonviolent Communication? From this, the following steps were followed to develop the study: definition of the guiding question; establishment of keywords and inclusion and exclusion criteria; literature search; evaluation of the studies included in the integrative review; definition of the information to be extracted; analysis of the collected data; and presentation of the results⁽⁹⁾.

The searches were performed in the databases SciELO (Scientific Electronic Library Online), LILACS (Latin American and Caribbean Literature in Health Sciences), PubMed (National Library of Medicine), PsycInfo (APA), and Google Scholar, using the keywords: Nonviolent Communication (Comunicação Não Violenta; Comunicación No Violenta), intervention (intervenção; intervención), program (programa; programa), training (treinamento; entrenamiento), and development (desenvolvimento; desarrollo), empathy (empatia, empatía). To systematize the searches, Boolean operators were used with the following combinations in each string and for each language: Nonviolent Communication AND Empathy AND intervention OR program OR training OR development, and also only Nonviolent Communication.

The eligibility criteria were: qualitative or quantitative empirical studies using Nonviolent Communication, available in full, published in peer-reviewed journals, in English, Portuguese, or Spanish, produced between 2013 and the time of study selection (September 2023). Literature reviews, theses, monographs, and studies in which the sample population was not exclusively adults were excluded.

The search was carried out from July to September 2023 by two researchers, independently.

As this is not a systematic literature review, flowcharts and detailed refinements of the search and methodological quality of the studies were not used, as these would be requirements for systematic reviews and meta-analyses.

RESULTS

In total, 447 articles were found in the databases: PubMed (n=21), PsycInfo (n=41), Lilacs (n=21), Google Scholar (n=355), and Scielo (n=9). Of these articles, 61 were duplicates; through the Psycinfo platform, of the 41 articles identified, only two were freely available; through the PubMed platform, of the 21 articles, three were unavailable for free. Therefore, 103 studies were excluded, leaving a total of 344 articles. The articles were imported into the Rayyan

reference manager⁽¹⁰⁾, in which the analysis of duplicate studies, reading of titles, abstracts, and classification based on the inclusion criteria was performed.

In total, 15 articles that met the selection criteria were selected. Most of them were published in English (n=14, 93.3%) and one (6.6%) in Portuguese. A concentration of publications was identified in the last three years (n=8, 53.3%), of which five (62.5%) were published in 2022 and two (25%) in 2021. The studies were mostly carried out in the Asian (n=7, 46.6%), American (n=4, 26.6%), European (n=3, 20%), and African (n=1, 6.6%) continents. The most frequently used research designs were: five (33.3%) mixed methods; four (26.6%) quasi-experiments, containing pre-post intervention evaluation; one (6.6%) with mixed methods without randomization; three (20%) qualitative, and two (13.3%) quantitative. Furthermore, five studies used randomization (gold standard), characterized as an experimental design, with pre- and post-test evaluation. Of these, one included a follow-up study to assess long-term effects, three months after the intervention⁽¹¹⁾. One study⁽¹²⁾ described two research studies with different designs in the same environment and intervention, in which one of them adopted a quantitative correlational design, using the methodology to assess the effects of the intervention by comparing the recidivism rates of the US state prison system with the recidivism rates of the sample of people in prison participating in the intervention.

According to the objectives proposed for this study, the methods, as well as the educational strategies used and the effectiveness indicators (instruments/techniques and outcomes obtained) of the interventions conducted to evaluate the development of empathy through NVC are specified below in Table I.

Table I – Characteristics of the studies included in this integrative review. Pelotas, Rio Grande do Sul, Brazil. 2023

Title. Authors, (Year – Period), Country of Production	Objectives	Design/Sample Description/ Instruments	Educational Strategies Used	Outcomes/Results
Evaluation of an Empathy Training Program to Prevent Emotional Maladjustment Symptoms in Social Professions. Altmann T, Schönenfeld V, Roth M ⁽¹¹⁾ , (2015), Alemanha.	To examine the impact of an NVC-based empathy training program for social professions.	Quantitative. Randomized control group with pre- and post-test (after three months). N=319 postgraduate nursing interns (Female=82.2%) GE=147 M=22.2 years CG=172 M=21.6 years EKF, SEK-27, IS, MBI-D, SCL-90-R.	Four consecutive days of group activities. Dramatization, video, pair activities, differentiation of sentences in violent and non-violent language, paraphrasing with empathetic input, discussions, empathetic listening.	Improvement in resilience, self-perception, and emotional self-acceptance; differentiation between self and others; emotional involvement, irritation, and symptoms of psychosocial maladjustment; there was no difference in the perception of emotions in others and cognitive irritation.
Freedom Project: Nonviolent Communication and Mindfulness Training in Prison. Suarez A, Lee DY, Rowe C, Gomez AA, Murowchick E, Linn PL ⁽¹²⁾ , (2014), Estados Unidos.	To examine the relationship between the effects of Freedom Project training and prison recidivism rates, individual effects of training, and to analyze the relationship between hours of training and levels of mindfulness and anger.	Study 1: Correlational quantitative. Study 2: Matched pairs quantitative. Study 1: N= 885 inmates. M=37.2 years (Male=885) Study 2: N=26 inmates. M=42 years (Male=26) EG=13 CG=13 SCL-90-R, MAAS, BAAQ, SCS.	Flexible participation group training program (voluntary and repeated); Two-day introductory workshops (once a month), 3-hour NVC and mindfulness classes (three times a month), mindfulness workshops (twice a year).	Study 1: Lower recidivism rates compared to those who did not participate in the program. Study 2: Improved self-perceptions of anger, self-compassion, and certain forms of mindfulness.
Comunicação Não Violenta: desenvolvimento na prática e artigo de atualização. Calabria AC, Kempfer AV ⁽¹³⁾ , (2020), Brasil.	Introduce the culture of empathy, conflict mediation, connection skills, and promote meaningful conversations.	Qualitative. Sample description not specified.	Biweekly group meetings (seven months). Peacebuilding Circles, empathic listening practices in pairs or groups, GROK game.	Understanding diversity, conflict mediation, and the development of socio-emotional skills.
Does nonviolent communication education improve empathy in French medical students? Epinat-Duclos J, Foncelle A, Quesque F, Chabanat E, Duguet A, Van der Henst JB, Rossetti Y ⁽¹⁴⁾ , (2021), França.	To evaluate the effect of NVC training on empathy-related skills.	Linear multivariate mixed method of paired analysis with pre- and post-test. N= 312 medical students (Female=216). GE=123 GC=189 M=22 years VSPT, PK, EQ, EPE, JSPE-F.	Five-day group training (half-day). Individual, pair, or group practices, paraphrasing, mirroring, and empathic listening.	Increased empathy score.
Effectiveness of nonviolent communication (NVC) workshop on marital adjustment. Islam S, Naher R ⁽¹⁵⁾ , (2017), Bangladesh.	Understand whether NVC training influences marital adjustment.	Quantitative repeated measurements with pre and post tests and a test 10 days later. N=20 married people. GE=10 GC=10 Mean age and sex not specified. LWMAT.	Program of a 2-hour group module. Dramatization, various exercises, verbal and written feedback.	Increase in marital adjustment score.

Effects of Customized Communication Training on Nonviolent Communication, Nonverbal Communication, and Self-Acceptance: Evidence from Korean Nursing Students. Jung H, Lee Y, Park J ⁽¹⁶⁾ , (2023), Coréia do Sul.	Investigate the effects of training in NVC, Nonverbal Communication, and self-acceptance.	Quantitative randomized control group with pre- and post-tests. N=74 nursing students. GE=38 M=23.55 years old CG=36 M=21.97 years old Sex not specified. NVCS, NCS, R-USAQ.	Program of 8 sessions (8 hours each). Lectures, practices, role play, discussion, reflection, case studies, videos, letters of feelings, needs, images, and written exercises.	Increase in non-violent communication score; no significant difference in Non-Verbal Communication and self-acceptance scores.
Teaching nonviolent Communication to increase empathy between people and toward wildlife to promote human–wildlife coexistence. Kansky R, Maassarani T ⁽¹⁷⁾ , (2022), Namibia.	To assess the extent to which NVC training can promote empathetic attitudes and behaviors toward wildlife and wildlife care providers.	Qualitative deductive analysis. N=54 members of a community in the Zambezi region of Namibia. M=30.5 years old, gender not specified.	11-week group training program (half-day). Feedback at the beginning and end of each meeting, homework, discussions, questions, role-playing, empathetic listening, and pair activities.	Increased empathy; tolerance for not killing, harming, or disturbing animals; desire to conserve and coexist; autonomy, empowerment, and well-being.
Effects of a Nonviolent Communication Program on Nursing Students. Kim HK, Jo HK ⁽¹⁸⁾ , (2022), Coréia do Sul.	To investigate the effect of an NVC program to reduce anger levels and promote communication skills, interpersonal relationships, empathy, and self-esteem.	Non-equivalent control group with pre- and post-test. N = 117 nursing students. (Female=95) GE=62 M=24.3 years CG=55 M=23.6 years PATS, SATS, RCS, EQ-K, RSES-K, CES-K.	Program of 8 weekly group sessions (2 hours each). Lectures, dramatization, group activities, discussions, question-and-answer sessions.	Improvement in empathy and communicative effectiveness; anger, interpersonal relationships, and self-esteem did not show differences.
“Power of words”: impact, concerns, and applications of nonviolent communication training. Korlipara M, Shah H ⁽¹⁹⁾ , (2022), India.	To evaluate a NVC training program and its effects, limitations, and applicability in the professional context, and to understand the perspectives of the participants.	Exploratory qualitative with deductive thematic analysis. N=14 diverse professionals. M=41.7 years (Female=13) Individual semi-structured interviews (60-90 min) by telephone and recorded.	Online program of 12 weekly group sessions (2 hours each), with free participation and the possibility of repetition. Empathetic peers, reading materials, videos, grounding exercises, and practices in simultaneous rooms.	Improvement in well-being, self-esteem, self-compassion, self-awareness, interpersonal relationships, ecological awareness, anxiety, and stress.
Improving interprofessional collaboration: The effect of training in nonviolent communication. Museux AC, Dumont S, Careau E, Milot É ⁽²⁰⁾ , (2016), Canadá.	To examine the effects of NVC training on interpersonal collaboration skills and to explore learning experiences.	Mixed method with pre- and post-tests and a focus group with content analysis. N=9 family and youth professionals from a health and social services center. (Female=9) Average age not specified. TOSCE, OIPC.	Single module 7h group program. Experiential exercises, dramatization, discussions.	Increased role clarification, client/family-centered care, and collaborative leadership; communication scores decreased.
Nonviolent Communication (NVC) training increases empathy in baccalaureate nursing students: A mixed method study. Nosek M, Gifford E, Kober B ⁽²¹⁾ , (2014), Estados Unidos.	To test a communication skills enhancement (NVC) intervention and examine its effect on empathy levels.	Quasi-experimental single-group mixed method with pre- and post-tests; interpretative analysis of experience reports and focus groups immediately after and two years after the intervention. N 74 nursing students. M=19 years old Female=67 IRI.	NVC training program, in a group of two 1h45 sessions, biweekly. Role-playing, focus groups, discussions, presentations, and experience reports.	Increased empathy with yourself and others.
Effects of a Nonviolent Communication-Based Empathy Education Program for Nursing Students: A Quasi-Experimental Pilot Study. Sung J, Kweon Y ⁽²²⁾ , (2022), Coréia do Sul.	To investigate the effects of an empathy educational program based on NVC to improve interpersonal relationships, self-esteem, empathic and communication skills.	Quantitative pilot quasi-experimental. N=62 nursing students. GE=32 GC=30 M=21 years (Female=55) RSES-K, IRI-K, ES-K, GICC-15.	Program of 6 group sessions (120 minutes each). Presentations, videos, individual, group, and homework activities, emotion cards, reflection journal, and dramatization.	Increased self-esteem, empathic ability, interpersonal relationships, and communication skills.
Preventing empathic distress and social stressors at work through nonviolent communication training: A field study with health professionals. Wacker R, Dziobek I ⁽²³⁾ , (2018), Alemanha.	Evaluate a NVC training.	Mixed method with pre- and post-tests (three months) and analysis of interactions. N=56 employees of a public health organization. (Female=87%) GE=29 M=49.2 years GC=27 M=47.3 years NVC scale developed by the researchers, ISSS, IRI-D.	Three-day (7h/day) group program. Presentations, self-exploration techniques, dramatization, discussions, and non-verbal communication.	Increased communication skills and verbalization of emotions; decreased empathic stress.
Effects of a nonviolent communication-based training program for inpatient alcoholics in South Korea. Yang J, Kim S ⁽²⁴⁾ , (2021), Coréia do Sul.	To evaluate a NVC program for hospitalized alcoholic users.	Quasi-experimental mixed method with pre- and post-tests. N=47 hospitalized alcoholic users. (Female=5) EG=24 M=49.4 years CG=23 M=51.8 years Unstructured qualitative interviews recorded with content analysis after 2 weeks of hospital discharge; GICC-15, EQ-Short-K, STAXI-K; ASI-K.	Group program of 8 sessions (60-90 min), twice a week. Dramatization, discussions, presentations, and empathetic listening.	Increased empathy, anger expression, communication, and self-efficacy for alcohol abstinence.

An online communication skills training program for Nursing students: A quasi-experimental study. Yang J, Kim S ⁽²⁵⁾ , (2022), Coréia do Sul.	To develop and evaluate an online program based on NVC for nursing undergraduates.	Quantitative quasi-experimental with pre- and post-tests. N=55 nursing students. (Female=44) GE=28, M=24.6 years GC=27 M=24.3 years EQ-Short-K, NGSE STAXI-K, GICC-15.	An online program of eight recorded sessions (30 minutes), twice a week. Presentations, homework, role-playing, and testimonials.	Increased empathy, communication, and self-efficacy; little difference in anger levels.
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Note: SCL-90-R = The Symptom Checklist Revised; EKF = Emotional Competence Questionnaire; SEK-27 = Self-Report Measure of Emotional Competencies; MBI-D = Maslach Burnout Inventory - Deutsch; VSPT = Visuospatial Perspective Taking; PK = Privileged Knowledge; JSPE-F = French version of the Jefferson Scale of Physician Empathy; EQ-K = Korean Adapted Version of the Empathy Quotient; LWMAT = Locke-Wallace Marital Adjustment Test; CES-K = Korean Version of Communication Efficacy Scale; RCS = Relationship Change Scale; SATS = Secondary Anger Thought Scale; PATS = Primary Anger Thought Scale; RSES-K = Korean Adapted Version of the Rosenberg self-esteem scale; TOSCE = Team Observed Structured Clinical Encounter; OIPC = Observed Interprofessional Collaboration; IRI = Interpersonal Reactivity Index; MAAS = Mindfulness Attention Awareness Scale; SCS = Self-Compassion Scale; BAAQ = Brief Anger and Aggression Questionnaire; RSES-K = Rosenberg Self-Esteem Scale-Korean; IRI-D = Interpersonal Reactivity Index-Deutsch; DCS = Discussion Coding System; GICC-15 = The global interpersonal communication competence scale; EQ-Short-K = Korean-adapted version of the Empathy Quotient-Short Form; STAXI-K = The Korean State-trait anger expression inventory; ASI = Abstinence Self-Efficacy Scale; NGSE = The New General Self-Efficacy Scale; IS = Irritation Scale; EPE = Empathy for Pain Evaluation; IRI-K = Korean version of the Interpersonal Reactivity Index; ES-K = Korean version of the empathy scale; ISSS = Intensity of Social Stressors Scale; NCCS = Nonviolent Communication Scale; Nonverbal Communication Scale; R-USAQ = Revised Unconditional Self-Acceptance Questionnaire

DISCUSSION

Regarding the practices and methods adopted in the interventions, topics were listed to present these results regarding the most used educational strategies, the online or in-person application format, the area of application of the studies, the characteristics of the sample population, the instruments used to measure the results, the characteristics of the facilitators, the limitations perceived in the studies.

Most used educational strategies

Dramatization or role play was the most used educational strategy (n=10) in interventions. Dramatization promotes inclusion, diversity, and social awareness through embodied and contextualized learning, interrelating cognition and emotion in the educational process. Metaphors of our lives are created through art and creativity⁽²⁶⁾, enabling dialogues between different points of view, promoting experiences of interconnection, increasing perspectives, and bringing motivation to act in different ways⁽²⁷⁾. Furthermore, dramatization allows for critical reflection and active participation, enabling a significant increase in individual self-confidence and self-expression when used in education, as it requires participants to use their imagination and participate in role-playing, being a learner-centered approach.⁽²⁸⁾.

Group discussion was the second most cited strategy for applying NVC in studies. As a learning method, discussions, dialogues, and conversation circles provide moments of sharing that involve an exercise in listening and speaking, in which moments of active listening are more numerous, along with internal dialogues and observant and reflective silence. In conversation circles, relationships are built, nurtured, and reinforced as places where a plurality of perspectives is sought, reducing the invisibility and privileging of one point of view over another⁽²⁹⁾.

The practice of empathic listening appeared in third place as the most widely used educational strategy in studies. In the empathic listening model offered by NVC⁽⁶⁾, the aim is to listen attentively to the observations of the other, in a compassionate manner, without judgments or advice; thus, as the person expresses their questions, the listener seeks to help identify their feelings and needs, and can offer feedback on what was understood. In this process, feelings are legitimized and validated based on the recognition of underlying needs, bringing empowerment, connection with oneself and with others, as well as understanding of oneself, expanding the possibilities for referrals and redefinition of situations experienced⁽³⁰⁾. Carrying out empathetic listening practices in groups promotes the construction of a notion of community – of commonality – by realizing that all human beings share the same needs in different ways and at different times. Furthermore, it offers the opportunity for everyone to speak, listen, and be heard in a process of active listening with the willingness to open themselves up to vulnerability and share their personal stories.⁽³¹⁾.

Presentations and expository lectures were also widely used in studies that explained intervention methods. Didactic exposition is a procedure in which the facilitator uses various resources to present a new topic to learners, defining it, analyzing it, and explaining it in a logically structured way⁽³²⁾. These classic learning methodologies are essential tools for disseminating knowledge, as they allow information to be structured and transmitted clearly and understandably. In addition, they enhance learning by integrating various resources that favor the assimilation of new concepts by learners. However, it is important to reflect on the importance of going beyond mere exposition,

seeking to incorporate strategies that stimulate interaction, critical reflection, and the practical application of the content presented. In this way, they can not only inform but also transform, promoting significant changes in the context in which they are applied.

Online or face-to-face Application Format

Regarding the application/implementation format, two studies took place online, one due to the Coronavirus pandemic⁽²⁵⁾ and the other to enable the participation of those who worked in non-governmental organizations (NGOs) in rural areas of India, in addition to facilitating the presence of participants from different locations around the world such as the United Arab Emirates, Oman, Bahrain, the Netherlands, the United States, Nigeria, Indonesia and Sri Lanka⁽¹⁹⁾. The advantages of online learning include remote learning, flexible schedules for asynchronous activities, encouragement of student-centered learning, reduced transportation costs, comfort, and accessibility. The limitations of the online modality involve technical problems, impossibility of teaching/learning practical activities, access only to the theoretical component of knowledge, difficulty in immediate feedback between teacher-student-peers during online classes, as well as limited attention span for this modality⁽³³⁾.

The online application modality has proven to be a valuable resource for expanding the reach of programs and research, enabling the connection of people from different locations and contexts. However, reflecting on its advantages and limitations is essential to optimize its use. It is necessary to seek ways to overcome the identified barriers, such as the difficulty of immediate feedback and limitations in practical learning, such as through interactive technologies/programs used together with synchronous/asynchronous meetings, and also face-to-face complements. Thus, implementing hybrid strategies can offer the best of both formats, ensuring both accessibility and a more complete and effective learning experience. By seeking this balance, positive impacts can be maximized and the challenges imposed by remote education minimized.

Study area

The most empirically studied area for the development of empathy through NVC was nursing, with six studies (40%) involving students and professionals. The large number of quantitative, qualitative and theoretical studies on empathy in the area of nursing used in this work can be matched by the great need for empathic responses required by the practice of these professionals, since users in severe conditions often depend almost exclusively on nursing professionals to interact, in addition to the great emotional pressure involved by the demands of the work environment⁽¹¹⁾. Furthermore, in the hospital context, where nurses work in shift rotation, effective communication between professionals is essential for the continuity of user care⁽²⁵⁾. From the perspective of users, empathy from nurses is an important criterion for determining satisfaction with the service. Thus, these competencies can be defined as the ability to accurately read the user's emotions and respond appropriately, as well as to identify and communicate one's own needs, while seeking to meet the user's needs⁽¹⁶⁾. When nurses have low empathy, they are unable to accurately recognize their thoughts and feelings, and this can cause problems in the relationship between nurses and their colleagues, and between nurses and users, leading to high levels of work-related stress and burnout, as well as high rates of attrition and turnover of professionals⁽²¹⁾. According to the study by Kim and Jo⁽¹⁸⁾, nursing professionals experience substantial difficulty concerning interprofessional communication, affecting care for users and efforts to collaborate between different professionals. In South Korea in 2019, approximately 45.5% of newly graduated nurses quit their jobs within a year of employment, with low proportions of these professionals still working, despite a high percentage of newly graduated nurses.

Furthermore, according to Nosek et al.⁽²¹⁾, ineffective communication between members of healthcare teams is associated with decreased collaborative efforts and adverse outcomes for users. In a survey of nursing professionals, 60% reported verbal abuse, 25% reported physical abuse, and 23% reported sexual harassment or hostility in the workplace. Conflict, which is an inevitable human experience, can undermine communication and compromise collaboration. Thus, the authors emphasize that efficient skills for negotiation and conflict mediation need to be developed in healthcare team members, since proper and timely conflict management can prevent harmful consequences.

In healthcare contexts, dealing with illness and suffering represents a central psychological demand on employees' work, since work stressors such as emotional pressure and the demands of those requiring care are shown to be the greatest predictors of mental health problems. In terms of emotional labor, demonstrating compassion and avoiding expressing negative feelings toward the public served are essential expectations regarding the role played by the health care professional⁽²³⁾. Thus, in the present study, two studies (13.3%) were conducted with health care employees^(20,23), aiming at collaboration and cooperation to overcome conflicts, stress, and professional exhaustion

– the main causes of errors and delays in health services⁽²⁰⁾. Similarly, one of the included studies was applied to Medical students⁽¹⁴⁾, in which the authors report that empathic skills are expected for the profession, but that empirical investigations challenge this expectation, pointing to a tendency towards lower empathy scores throughout the years of medical training.

The emphasis on developing empathy, especially in health-promoting professions, highlights the essential role this skill plays in both the quality of care and the well-being of professionals. However, the challenges faced, such as ineffective communication and high levels of stress, point to the urgent need for interventions aimed at strengthening empathy and collaboration in healthcare teams. Thus, emotional skills development should not only be seen as desirable but as a priority to improve relationships in the workplace and outcomes for users. Building a place in which empathetic care is valued and promoted not only benefits patients but also contributes to creating a more humane and sustainable healthcare environment.

Characteristics of the Sample Population

Two studies^(19,13) were aimed at professionals from different audiences, focusing on communication and empathy for professional relationships, to promote a more humanized organizational environment, which creates a culture of support and collaboration, fostering autonomy, freedom, learning, growth, and vitality, leading to better organizational results. The research by Suarez et al.⁽¹²⁾ was carried out in the prison sector, where data indicate that almost two-thirds of released prisoners are arrested again for a new crime within three years of their release, and half are sent back to prison. The authors report that psychological changes are even more important than key events in stopping or decreasing crime rates. Interventions that address antisocial behavior, poor decision-making, problem-solving, self-regulation, relationships with criminals, and substance abuse can reduce recidivism by more than 20 percentage points, compared with programs that ignore these needs. Communication is an important element of prosocial behavior, and the use of verbal aggression has been implicated as a catalyst for physical violence, serious crime, and physical assault in prisons⁽¹²⁾.

The study by Islam and Naher⁽¹⁵⁾ focused on marital satisfaction in couples, in which the authors argue that any attempt to improve relationships must begin with communication between the parties, since couples who are experiencing difficulties fail in their attempts to communicate or their attempts prove unsatisfactory, often leading to arguments. The authors found that the most important indicator of marital satisfaction lies in the ability to discuss problems effectively.

In addition to studies related only to human beings, Kansky and Maassarani⁽¹⁷⁾ carried out their research in the area of wildlife conservation and interspecies coexistence. Natural areas of common use outside protected areas are important for the future of many large mammals, especially migratory carnivores and herbivores, which require large areas to ensure their survival. Furthermore, promoting empathy can contribute greatly to the outcomes of the relationship between human presence and wildlife in these territories.

Furthermore, the results demonstrated low demand and adherence among men. The difficulty in seeking health services and adhering to treatments by men is not something new in the scientific literature⁽⁴³⁾. In this study, this finding also appears in terms of the only two interventions via NVC to promote empathy in which the male audience is larger: situations of prison incarceration⁽¹²⁾ and hospitalization for treatment of chemical dependency⁽²⁴⁾. This triggers the need for outreach and recruitment practices for male participants to participate not only in health promotion studies, but also in the pursuit of self-care. According to the integrative review on the subject, men feel fear and shame about their vulnerabilities and illness, in addition to perceiving an imposition of patriarchal roles by society, considering self-care as a feminine attribute, thus creating a tendency to prioritize work even to the detriment of health⁽⁴³⁾.

In addition to this aspect regarding sex/gender, the results of two studies also pointed to higher empathy scores among female participants^(14,21). According to the study by Löffler & Greitemeyer⁽⁴⁴⁾ on the subject, the results regarding the empathy scores of each sex/gender can be influenced by the context, stereotyping, and by a female tendency to self-evaluate with more empathetic responses when this is expected. On the other hand, while the attribute of empathy is measured in more objective ways by researchers, such as through the recognition of emotions in other people, the results do not point to gender differences, thus overestimating this stereotype in the literature. Therefore, the authors point to a limitation on the results of empathy measurement in self-report questionnaires.

By analyzing the characteristics of the sample population, we can see the complexity and extent of empathy as an object of study, applying to diverse contexts, from professional relationships to humanity's relationship with wildlife

conservation. However, challenges related to factors such as male adherence to interventions and gender stereotypes in empathy scores highlight the importance of strategies that promote broader inclusion and more objective results.

Most commonly used instruments for measuring results

The most commonly used instruments to measure the results were the Empathy Quotient (n=3, 20%), Symptom Checklist-90-Revised (n=2, 13.3%), Rosenberg Self-esteem Scale (n=2, 13.3%), State-trait Anger Expression Inventory (n=2, 13.3%), Interpersonal Reactivity Index (n=2, 13.3%) and The Global Interpersonal Communication Competency Scale (n=2, 13.3%). Of the instruments identified in this review, some are validated or have adaptation/validation studies for use in Brazil.: *SCL-90-R*⁽³⁴⁾, *MBI*⁽³⁵⁾, *JSPE*⁽³⁶⁾, *SCS*⁽³⁷⁾, *STAXI*⁽³⁸⁾, *RSES*⁽³⁹⁾, *IRI*⁽⁴⁰⁾ e *EQ*⁽⁴¹⁾.

Regarding the results obtained, the studies demonstrated an increase mainly in empathy, communication, and interpersonal skills. Some points deserve to be highlighted regarding undesirable effects or difficulties identified from the studies. In the study by Museux et al.⁽²⁰⁾, the result indicator for communication decreased in the post-test. The authors reported that participants reported having some doubts about their communication skills after the training session. Furthermore, they indicate that this negative result may have been due to "ceiling effects," since the initial scores were high, with most participants obtaining a score of three or higher on a scale of one to five. Furthermore, the authors say that NVC learning acts at a deep level and needs time to consolidate before its effects can be fully measured. In another included study, Korlipara and Shah⁽¹⁹⁾ corroborate this information by saying that the transformations generated by NVC take time to become habitual and can generate frustrations in the initial stages of learning and practice. The three biggest difficulties cited in applying NVC in different contexts, according to the participants of this latest study, were: deeply rooted cultural conditioning – in which the expression of feelings or emotions is considered unprofessional or inappropriate –, the lack of vocabulary of feelings and needs, and the difficulty of expressing oneself "in NVC". Possibly because of this, NVC proved easier to apply in personal relationship contexts than in professional contexts. Furthermore, participants attributed their learning in NVC mainly to continued collective practice and said that, without it, they would have regressed to their habitual responses. This is in line with research findings from the same authors, which show that practices such as newsletters, websites, and online groups can help sustain momentum and internalize individual and collective learning. With repeated practices, a new behavior becomes habitual and is maintained without the need for conscious self-regulation⁽¹⁸⁾. Another extremely relevant factor highlighted by participants in the last cited study is the role of the intervention facilitator, as it is crucial for the creation of safe spaces, essential for open sharing and effective practice. The Center for Nonviolent Communication (CNVC)⁽⁴²⁾, founded by Marshall Rosenberg, offers a three- to five-year certification process for coaches that aims to promote the integrity of NVC as a body of knowledge by cultivating a community of CNVC-certified coaches who share the experience of having gone through this certification process. Furthermore, CNVC encourages people who do not have the certification to also share their learnings with CNV, however, they ask that CNVC and certified trainers be mentioned and that the terms of the registered trademark not be used.

Facilitator Characteristics

Not all studies reported on facilitators, but those that did reported qualified trainers (expert trainers)⁽¹¹⁾, a trainer certified by the Center for Nonviolent Communication⁽¹⁴⁾, certified researchers, registered in nursing and university professors in the field of psychiatry who have undergone academic training in NVC⁽¹⁸⁾, NVC-certified instructor with 15 years of experience⁽²⁰⁾, two professional NVC trainers with similar levels of experience who have developed the curriculum to be worked on in each session⁽²¹⁾, two researchers who were also the facilitators⁽²²⁾, a nursing professor facilitator of the program with 15 years of experience in clinical nursing practice and experience training various groups in NVC⁽²⁵⁾, and an experienced NVC trainer who also developed the program and was hired as an external consultant by the organization⁽²³⁾.

Limitations

Regarding the limitations of the studies, aspects such as: low adherence of participants in some studies; predominance of females in the interventions were observed; lack of details in some studies about how the interventions took place (components, structure, format, periodicity, among other elements of the intervention); lack of information in some studies about the sample profile, not reporting average and range of ages, and even not reporting the number of participants; lack of sufficient detail in several studies regarding the selection method/inclusion and exclusion criteria of participants and how the interventions were conducted, so that other authors can replicate the interventions in different contexts (including the desired profile of the group moderator); little detail on the profile of the intervention moderators; only one study with an experimental design and long-term evaluation.

It is important to highlight that there was only one study conducted in Brazil that met the inclusion criteria for this review; however, with questionable methodological quality, lack of detailed data regarding the sample profile and results obtained, according to the objectives of the study. Thus, both the methodological quality and the replicability of the interventions remain questionable according to recommendations and good practices for reporting interventions⁽⁴³⁾.

CONCLUSION

It is concluded that the application of the Nonviolent Communication method can be effective for the development of interpersonal skills, especially for empathy and communication. Despite the limitations identified in the evaluated interventions, all produced some positive effect on health. In addition to being effective, there is no need for large investments in terms of structure and resources for its application, and it is considered a light technology intervention model that can be carried out in different public health spaces and contexts. NVC interventions also allow for a reasonable-low cost, offering the learner the possibility of training skills and competencies through the creation of scenarios of the most diverse complexities through techniques such as role play/dramatization, group discussions or conversation circles, and various exercises, requiring only qualified facilitators experienced in group facilitation and people willing to learn and practice.

The number of studies found in this study demonstrates that NVC is a tool in the emotional and interrelational teaching-learning process that can be widely used in the training and improvement of health professionals, teachers, students, children, and the general population. In this process, in the most diverse areas, the gains obtained are varied, among which the following stand out: satisfaction, self-confidence, empathy, realism, reduction in anxiety levels, comfort, communication, motivation, capacity for reflection and critical thinking, as well as teamwork. The evidence demonstrates the wide possibility of using NVC and that some results obtained can be instantaneous, while others need time to develop in the long term, becoming an integral part of the repertoire of skills for conflict resolution, bringing gains such as connection and meaningful relationships, in addition to empathy. However, this study has limitations, since it is an integrative review, an intermediate method between narrative and systematic review, which makes it impossible to make inferences regarding the level of recommendation of interventions to produce health effects. It also did not include external evaluators for the verification and screening of studies, a protocol for the evaluation of the methodological quality of the included studies, in addition to not including gray literature, which can be considered a limiting factor.

Even so, although it is not a systematic review, it is possible to detect important aspects and characteristics of NVC interventions for the development of empathy and important elements regarding the methodological quality of the studies investigated for the improvement of intervention practices in a national context. This study adds to the scientific literature an overview of studies/research conducted with NVC worldwide, and summarizes information regarding interventions, methods/techniques, instruments and outcomes obtained. It is expected to contribute to future research and guide professional practices based on NVC in different contexts, in addition to encouraging initiatives that aim to promote empathy.

The absence of robust studies on the application of Nonviolent Communication (NVC) in Brazil, or the exclusion of studies found due to low methodological quality, raises important questions. This may reflect both the lack of incentive for research in this area and the need for greater methodological rigor in the investigations carried out. The scarcity of national studies also highlights a gap in local knowledge, which is essential to understanding how NVC practices can adapt to the culture, needs and specific challenges of the Brazilian reality.

If the studies were carried out in Brazil, the results could present different nuances, influenced by the cultural context, the dynamics of interpersonal relationships and the structural challenges of the health and education system in the country. For example, Brazil's social, economic and cultural diversity, combined with the unique characteristics of the work environment and social relationships, could influence the effects of NVC interventions. Furthermore, issues such as inequality of access to health and education, as well as linguistic and social specificities, may play a significant role in the outcomes of interventions.

When considering health promotion, NVC emerges as a tool with great potential to improve communication and relationships, which, in turn, directly impacts emotional and social well-being. Its application in public health strategies in Brazil could promote more empathetic and collaborative environments, both among professionals and with users of health services. Thus, strengthening national research and initiatives involving NVC not only enriches the scientific literature, but also contributes to the construction of a healthier and more connected society. This movement to value empathy and communication as pillars of health can bring significant and lasting benefits to communities across the country.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

CONTRIBUTIONS

Both authors participated and contributed to the preparation and design of the study, acquisition, analysis, and interpretation of data, writing, and review of the manuscript.

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This study was conducted as part of an undergraduate thesis by one of the authors, under the supervision of a Psychology professor at the Federal University of Pelotas, who also acted as a co-author. This academic context reflects a commitment to scientific training and contributes to the literature on the application of Nonviolent Communication as a methodology for promoting public health.

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